



Dart Hawkesbury  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**D4635-141**  
**Job Sheet 167079-J**



1

Part No: D4635-141

Job Qty: 1 ea

Part Name: Fwd Ceiling Replacement Panel Assembly, LH



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 10/24/17

Job Tracking No:

Due Date: 11/10/17

Created By: Mario Poulin

Type: SOLD

Description:

Ship Via:

Any Road F  
10  
9-80

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |                    |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|--------------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time          |
| 90    | Start up Operation | 1 Ea  |            | 11/9/17  | 0.00      | 0.00    | Start up container    | D.M.L 18-2-17      |
| 100   | HandThermo         | 1 pcs |            | 11/9/17  | 0.00      | 1.65    | HandFinish4           | D.M.L 18-2-17      |
| 110   | Small Fab          | 1 pcs |            | 11/10/17 | 0.00      | 1.47    | Small Fab             | D.M.L 18-2-17      |
| 120   | QC                 | 1 pcs |            | 11/10/17 | 0.00      | 0.00    | QC5                   | PD FEB 20 2018     |
| 130   | Packaging          | 1 pcs |            | 11/10/17 | 0.00      | 0.00    | Packaging3            |                    |
| 140   | QC21-SA            | 1 Ea  |            | 11/10/17 | 0.00      | 0.00    | QC21                  | DAS 21 FEB 21 2018 |

Part Op 100 - Pick Kit

Descriptions: 110 - Assemble as per Dwg D4635-141 Bond foam core to inside of panel 3M Scotch Weld 1300

Batch: \_\_\_\_\_ 1- Scuff bonding surface to eliminate in-perfections and increase bonding and clean with wash& wipe 2- Locate and glue down Channel Assy, angles, brackets, and mounting pads using 3M Plastic welder II.(see note 8) Batch # \_\_\_\_\_ Expiry Date \_\_\_\_\_ 3- Apply labels as per Dwg. and seal with 3M 3950 edge sealer(see note 9) Batch: \_\_\_\_\_

120 - QC5- Inspect part completeness to step on W/O

130 - Identify as per dwg & Stock Location: \_\_\_\_\_

140 - QC21- Final Inspection - Work Order Release

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated | Std Qty |
|-----------------------|----------------|----------|-----------|-----------|---------|
| 90-Start up Operation | D4635-1        | 1        | 1         | 0         | 0       |
|                       | D4669-1        | 2        | 27        | 0         | 0       |
|                       | D4695-041      | 1        | 0         | 0         | 0       |
|                       | D4732-29       | 1        | 5         | 0         | 0       |
|                       | D4732-33       | 1        | 4         | 0         | 0       |
|                       | D4732-5        | 1        | 5         | 0         | 0       |
|                       | D4732-9        | 1        | 3         | 0         | 0       |
|                       | D5022-1        | 1        | 4         | 0         | 0       |
|                       | MPNY-750S-9-C  | 7        | 570       | 0         | 0       |

### Part Specifications

Specifications could not be found.

Plex 10/24/17 10:25 AM dart.poulin.mario

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



# WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Cross tube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                      |  |                                                                                                            | Skid-tube <input type="checkbox"/>                                                                                                                                      | Cross tube <input type="checkbox"/>                                                                             | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>    | Large Fab <input type="checkbox"/>  | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |
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| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Cross tube <input type="checkbox"/>                                                                                                                                                | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Engineering <input type="checkbox"/> |  |                                                                                                            |                                                                                                                                                                         |                                                                                                                 |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                   |                                     |                                    |                                   |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |
| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Small Fab <input type="checkbox"/>                                                                                                                                                 | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Quality <input type="checkbox"/>     |  |                                                                                                            |                                                                                                                                                                         |                                                                                                                 |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                   |                                     |                                    |                                   |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |
| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Finishing <input type="checkbox"/>                                                                                                                                                 | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other <input type="checkbox"/>       |  |                                                                                                            |                                                                                                                                                                         |                                                                                                                 |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                   |                                     |                                    |                                   |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |
| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Composite <input type="checkbox"/>                                                                                                                                                 | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |  |                                                                                                            |                                                                                                                                                                         |                                                                                                                 |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                   |                                     |                                    |                                   |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |
| Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    | MRB (QSI042) Approval<br><br>_____<br><br>Completed By<br><br>_____<br><br>Lead hand / Supervisor<br>Approval Verification<br><br>_____<br><br>QC / QA Coordinator<br>Approval<br><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |  |                                                                                                            |                                                                                                                                                                         |                                                                                                                 |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                   |                                     |                                    |                                   |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="font-size: small;">Dart Aerospace Ltd.<br/>1270 Aberdeen Street<br/>Newbury, ON K8A 1K7<br/>CANADA<br/>TEL: 1 813 632-5200<br/>Email: sales@dartaero.com<br/>www.dartaero.com</p> <p style="font-size: x-small;">Date: 02/17/18</p> </div> <div style="width: 50%; text-align: center;"> <p style="font-size: x-small;">Container No: S043471</p> <p style="font-size: x-small;">Part: D4635 - 141</p> <p style="font-size: x-small;">Job No: 167079 - J</p> <p style="font-size: x-small;">Serial No/Batch: S043471</p> <p style="font-size: x-small;">Revision: D4635</p> <p style="font-size: x-small;">Inspector:</p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |  |                                                                                                            |                                                                                                                                                                         |                                                                                                                 |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                   |                                     |                                    |                                   |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |
| <table style="width:100%;"> <tr> <th colspan="2" style="text-align: left;">Root Cause</th> <th colspan="2"></th> </tr> <tr> <td style="width:15%;">Environment <input type="checkbox"/></td> <td style="width:15%;">No Re-ver <input type="checkbox"/></td> <td style="width:40%;"></td> <td style="width:30%;"></td> </tr> <tr> <td>Design <input type="checkbox"/></td> <td>Operator <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Doc/Data <input type="checkbox"/></td> <td>Offset/Set <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Equip/Tooling <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Handling/Pre <input type="checkbox"/></td> <td>Training <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Material <input type="checkbox"/></td> <td>Use for Testing <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Internal Transport <input type="checkbox"/></td> <td>Poor Information <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Tribal Knowledge <input type="checkbox"/></td> <td>Rushing <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>LOA <input type="checkbox"/></td> <td>Product Improvement <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Substation <input type="checkbox"/></td> <td>Process Improvement <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Past Expiry Date <input type="checkbox"/></td> <td>Manufacturing Process <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Misidentified <input type="checkbox"/></td> <td>Past Due <input type="checkbox"/></td> <td></td> <td></td> </tr> </table> |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |  | Root Cause                                                                                                 |                                                                                                                                                                         |                                                                                                                 |                                    | Environment <input type="checkbox"/> | No Re-ver <input type="checkbox"/> |                                    |                                            | Design <input type="checkbox"/>  | Operator <input type="checkbox"/>      |                                    |                                              | Doc/Data <input type="checkbox"/> | Offset/Set <input type="checkbox"/> |                                    |                                   | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |  | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> |  |  | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> |  |  | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> |  |  | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> |  |  | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> |  |  | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> |  |  | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> |  |  | Misidentified <input type="checkbox"/> | Past Due <input type="checkbox"/> |  |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |  |                                                                                                            |                                                                                                                                                                         |                                                                                                                 |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                   |                                     |                                    |                                   |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |
| Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | No Re-ver <input type="checkbox"/>                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |  |                                                                                                            |                                                                                                                                                                         |                                                                                                                 |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                   |                                     |                                    |                                   |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |
| Design <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Operator <input type="checkbox"/>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |  |                                                                                                            |                                                                                                                                                                         |                                                                                                                 |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                   |                                     |                                    |                                   |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |
| Doc/Data <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Offset/Set <input type="checkbox"/>                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |  |                                                                                                            |                                                                                                                                                                         |                                                                                                                 |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                   |                                     |                                    |                                   |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |
| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Supplier <input type="checkbox"/>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |  |                                                                                                            |                                                                                                                                                                         |                                                                                                                 |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                   |                                     |                                    |                                   |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |
| Handling/Pre <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Training <input type="checkbox"/>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |  |                                                                                                            |                                                                                                                                                                         |                                                                                                                 |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                   |                                     |                                    |                                   |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |
| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Use for Testing <input type="checkbox"/>                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |  |                                                                                                            |                                                                                                                                                                         |                                                                                                                 |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                   |                                     |                                    |                                   |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |
| Internal Transport <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Poor Information <input type="checkbox"/>                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |  |                                                                                                            |                                                                                                                                                                         |                                                                                                                 |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                   |                                     |                                    |                                   |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |
| Tribal Knowledge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Rushing <input type="checkbox"/>                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |  |                                                                                                            |                                                                                                                                                                         |                                                                                                                 |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                   |                                     |                                    |                                   |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |
| LOA <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Product Improvement <input type="checkbox"/>                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |  |                                                                                                            |                                                                                                                                                                         |                                                                                                                 |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                   |                                     |                                    |                                   |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |
| Substation <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Process Improvement <input type="checkbox"/>                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |  |                                                                                                            |                                                                                                                                                                         |                                                                                                                 |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                   |                                     |                                    |                                   |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |
| Past Expiry Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Manufacturing Process <input type="checkbox"/>                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |  |                                                                                                            |                                                                                                                                                                         |                                                                                                                 |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                   |                                     |                                    |                                   |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |
| Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Past Due <input type="checkbox"/>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |  |                                                                                                            |                                                                                                                                                                         |                                                                                                                 |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                   |                                     |                                    |                                   |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |
| <table style="width:100%;"> <tr> <td style="width:33%;">           CRACKS<br/>           Crimp/Kink/Ripple/Wave<br/>           Cuffs<br/>           Crushing<br/>           Heat Treat<br/>           Wave/Twist in Tube<br/>           Marks/Chatter         </td> <td style="width:33%;">           Broken/Damage/Defect<br/>           Inspection Incomplete/Unqualified<br/>           Contamination<br/>           Countersink<br/>           Cut Too Short<br/>           Instructions Incomplete/Unclear<br/>           Drill Holes         </td> <td style="width:33%;">           Weld<br/>           Wrong Stock Pulled<br/>           Out of Sequence<br/>           Off-set<br/>           Mislabeled<br/>           Fit/Function<br/>           Misaligned/off center         </td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |  | CRACKS<br>Crimp/Kink/Ripple/Wave<br>Cuffs<br>Crushing<br>Heat Treat<br>Wave/Twist in Tube<br>Marks/Chatter | Broken/Damage/Defect<br>Inspection Incomplete/Unqualified<br>Contamination<br>Countersink<br>Cut Too Short<br>Instructions Incomplete/Unclear<br>Drill Holes            | Weld<br>Wrong Stock Pulled<br>Out of Sequence<br>Off-set<br>Mislabeled<br>Fit/Function<br>Misaligned/off center |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                   |                                     |                                    |                                   |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |
| CRACKS<br>Crimp/Kink/Ripple/Wave<br>Cuffs<br>Crushing<br>Heat Treat<br>Wave/Twist in Tube<br>Marks/Chatter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Broken/Damage/Defect<br>Inspection Incomplete/Unqualified<br>Contamination<br>Countersink<br>Cut Too Short<br>Instructions Incomplete/Unclear<br>Drill Holes                       | Weld<br>Wrong Stock Pulled<br>Out of Sequence<br>Off-set<br>Mislabeled<br>Fit/Function<br>Misaligned/off center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |  |                                                                                                            |                                                                                                                                                                         |                                                                                                                 |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                   |                                     |                                    |                                   |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |
| <table style="width:100%;"> <tr> <td style="width:33%;">           s/Surge<br/>           ram         </td> <td style="width:33%;">           Positioned Wrong<br/>           Outside Dimensions<br/>           Over/Under tolerance<br/>           Part Incorrect<br/>           Part Lost/Missing<br/>           Part Moved<br/>           Drawing<br/>           Finish<br/>           Misread<br/>           Turning Sequence         </td> <td style="width:33%;"></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |  | s/Surge<br>ram                                                                                             | Positioned Wrong<br>Outside Dimensions<br>Over/Under tolerance<br>Part Incorrect<br>Part Lost/Missing<br>Part Moved<br>Drawing<br>Finish<br>Misread<br>Turning Sequence |                                                                                                                 |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                   |                                     |                                    |                                   |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |
| s/Surge<br>ram                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong<br>Outside Dimensions<br>Over/Under tolerance<br>Part Incorrect<br>Part Lost/Missing<br>Part Moved<br>Drawing<br>Finish<br>Misread<br>Turning Sequence            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |  |                                                                                                            |                                                                                                                                                                         |                                                                                                                 |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                   |                                     |                                    |                                   |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |  |                                                                                                            |                                                                                                                                                                         |                                                                                                                 |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                   |                                     |                                    |                                   |                                        |                                   |  |  |                                       |                                   |  |  |                                   |                                          |  |  |                                             |                                           |  |  |                                           |                                  |  |  |                              |                                              |  |  |                                     |                                              |  |  |                                           |                                                |  |  |                                        |                                   |  |  |